ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		* ***	
O.I.P.E. CLASSIFIER		10	11-15-00
FORMALITY REVIEW			11/10-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	- 1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

or or	-	Restricted 0	Objected
Claim	Date	Claim Date	Claim Date
Final Original		Final Original	Final
40			101
2		52	102
3		53	103
6		54	104
		55 56	105
201		57	107
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13 /		63	113
14		64 65	114
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18		68	118
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21		71	121
22		72	122
23		73	123
24		74	124
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26 .		76.	126
28	 	78	128
29 :		79	129
30		80	130
31		81	131
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34		84	134
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37	- - - - - - - - - - 	87	137
38	- 	88	138
39	 	89	139
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41	 	91	141
42		92	142
43		93	143
44		94	144
45		95	145
46		96	146
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49		98	148
50 7		100	149
- 1201 13E 1			

Best Available Copy

If more than 150 claims or 10 actions staple additional sheet here

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